

Leading Organizations Release Joint Clinical Guideline For Diagnosis And Evaluation Of Microhematuria

BALTIMORE, June 25, 2020 /PRNewswire/ -- Today, the American Urological Association (AUA), in partnership with the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) released the 2020 clinical guideline for the diagnosis, evaluation and follow-up of microhematuria.

Microhematuria is short for microscopic hematuria and is when red blood cells can only be seen in urine under a high-powered microscope. While microhematuria may be a symptom of a number of benign conditions, including a urinary tract infection or kidney stones, it may also be a sign of something more serious such as bladder cancer. According to the guideline, microscopic hematuria in adults is diagnosed when three or more red blood cells per high-power field are visible.

"The goal of the new guideline is to provide a risk-stratified approach to hematuria evaluation based on the patient's risk factors for urinary tract cancer," said Dr. Daniel Barocas, co-chair of the guideline panel and Associate Professor, Department of Urology at Vanderbilt University. "We crafted the guideline with the intention of reducing the intensity of evaluation in those at low risk for malignancy, while preserving the diagnostic sensitivity of evaluation in those at higher risk."

Once diagnosed, clinicians should categorize patients as low-, intermediate- or high-risk for genitourinary malignancy, which will determine next steps. The AUA guideline panel strongly suggests physicians and patients engage in a shared decision-making process to select the best option for each individual patient.

The new clinical guideline makes 22 recommendations in total including the following three:

- When diagnosing, clinicians should not define microhematuria by a positive dipstick test alone. Rather, the dipstick test should prompt formal microscopic evaluation of the urine to determine microhematuria.
- During the initial evaluation of microhematuria, clinicians should consider such factors as genitourinary malignancy, medical renal disease, gynecologic and non-malignant genitourinary as potential causes of microhematuria.
- After evaluation, clinicians should categorize patients based on risk to determine next steps, including repeating urinalysis, cystoscopy, renal ultrasound or axial imaging (e.g., CT urogram).

The guideline was developed by a multidisciplinary panel, including representatives from urology, gynecology, and primary care, with specific expertise in the guideline subject. It was then distributed to peer reviewers of varying backgrounds as part of the AUA's extensive peer review process before being finally approved by the AUA Board of Directors. The full guideline is available online at www.auanet.org/guidelines.

About the American Urological Association: *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 23,000 members throughout the world. As a premier urological association, the AUA provides invaluable support to the urologic community as it pursues a mission of fostering the highest standards of urologic care through education, research and the formulation of health care policy.*

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